Daily Meal Production Record for Infants

(Child Care Centers, Emergency Shelters, and Family Day Care Homes)

Instructions: Write the name of the infant eating the meal. Record which meals are being claimed (not to exceed more than 2 meals and a snack or 2 snacks and a meal). Record the amounts each infant is offered and list specific foods that are offered to infant. Note: Infant cereal and formula must be iron-fortified. All juices must be 100% and served full strength.

0-3 Months

Date:

Name of Infant	Meals Being Claimed	Breakfast (B)	AM Snack (AM)	Lunch (L)	PM Snack (PM)	Supper (S)	Evening Snack (ES)
	B, AM, L, PM, S, and/or ES	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk
		Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
		Formula:	Formula:	Formula:	Formula:	Formula:	Formula:
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Name of Infant	Meals Being Claimed	Breakfast (B)	AM Snack (AM)	Lunch (L)	PM Snack (PM)	Supper (S)	Evening Snack (ES)
	B, AM, L, PM, S, and/or ES	4-8 Ounces Infant Formula or Breast Milk And 0-3 Tbsp. Infant Cereal (optional)	4-8 Ounces Infant Formula or Breast Milk	4-8 Ounces Infant Formula or Breast Milk And 0-3 Tbsp. Infant Cereal (optional) And 0-3 Tbsp. Fruit and/ or Vegetable (not juice) (optional)	4-8 Ounces Infant Formula or Breast Milk	4-8 Ounces Infant Formula or Breast Milk And 0-3 Tbsp. Infant Cereal (optional) And 0-3 Tbsp. Fruit and/ or Vegetable (not juice) (optional)	4-8 Ounces Infant Formula or Breast Milk
		Amount/Formula:	Amount:	Amount/Formula:	Amount:	Amount/Formula:	Amount:
		Amount/Food(s):	Formula:	Amount/Food(s):	Formula:	Amount/Food(s):	Formula:
		Amount/Formula:	Amount:	Amount/Formula:	Amount:	Amount/Formula:	Amount:
		Amount/Food(s):	Formula:	Amount/Food(s):	Formula:	Amount/Food(s):	Formula:
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		Amount/Food(s):	Formula:	Amount/Food(s):	Formula:	Amount/Food(s):	Formula:

Name of Infant	Meals Being Claimed	Breakfast (B)	AM Snack (AM)	Lunch (L)	PM Snack (PM)	Supper (S)	Evening Snack (ES)
	B, AM, L, PM, S, and/or ES	6-8 Ounces Infant Formula or Breast Milk And 1-4 Tbsp. Fruit and/or Vegetable And 2-4 Tbsp. Infant Cereal	2-4 Ounces Infant Formula, Breast Milk, or Juice And 0-1/2 Crusty Bread or 0-2 Crackers (optional)	6-8 Oz. Infant Formula or Breast Milk And 1-4 Tbsp. Fruit and/or Vegetable (not juice) And 2-4 Tbsp. Infant Cereal Or 1-4 Tbsp. Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas Or 1/2 oz. Cheese or 1-4 oz. Cottage Cheese, Cheese Food, or Cheese Spread	2-4 Ounces Infant Formula, Breast Milk or Juice And 0-1/2 Crusty Bread or 0-2 Crackers (optional)	6-8 Oz. Infant Formula or Breast Milk And 1-4 Tbsp. Fruit and/or Vegetable (not juice) And 2-4 Tbsp. Infant Cereal Or 1-4 Tbsp. Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas Or ½ oz. Cheese or 1-4 oz. Cottage Cheese, Cheese Food, or Cheese Spread	2-4 Ounces Infant Formula, Breast Milk or Juice And 0-1/2 Crusty Bread or 0-2 Crackers (optional)
		Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:
		Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):
		Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:
		Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):
		Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:
		Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):
		Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:
		Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):
		Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:	Amount/Formula:	Amt/Formula:
		Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):	Amount/Food(s):	Amt/Food(s):